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## REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Applicant Name/Last	0072543-00
Filing Date	May 11, 2001
First Named Inventor	Wagner
Group Art Unit	2877
Examiner Name	ROB TEE MURRAY
Attorney Doctor Practitioner	00837-00387

I hereby revoke all previous powers of attorney or authorizations of agents given in the above-identified application.

A Power of Attorney or Authorization of Agent is submitted herewith.

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Please change the correspondence address for the above-mentioned application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	John R. Petersen, Esq., Reg. No. 36,245; Elizabeth Stanley, Esq., Reg. No. 64,478				
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I am we:

## Applicant/Inventor

**Assignee of record of the entire interest. See 37 CFR 3.71  
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)**

**SIGNATURE of Applicant or Assignee of Record**

Name	Color-Spec Technologies, Inc., by F. Jeffrey Krupka, President
Signature	
Date	7/20/2002

NOTE. Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

**NOTE.** Signatures of all the inventors or assignees or records of the entire interest of their representative(s) are required. **Submit**  
one form if more than one signature is required. **See below.**

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